

## STUDENT STATUS AND FINANCIAL AID VERIFICATION

TO:

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RE:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Social Security Number

FROM:

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Thank you for your prompt response. All information is confidential.  
Please contact \_\_\_\_\_  
at ( ) \_\_\_\_\_ if you have any questions.

### PERMISSION FOR RELEASE OF INFORMATION

**You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.**

Release: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent, attached to a copy of this consent.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### THIS SECTION TO BE COMPLETED BY FINANCIAL AID PROVIDER AND/OR EDUCATIONAL INSTITUTION

Please provide the information requested below. Complete all sections. Write N/A if not applicable:

<b>Student Currently attends school: (please circle one)</b>		<b>Full Time</b>	<b>Part Time</b>	
If full-time, the date the student enrolled as such: ____		Expected Date of Graduation: ____		
Does above student attend summer session?		<b>Yes</b>	<b>No</b>	
Is student a participant in a program funded under the Job Training Partnership Act or Workforce Investment Act, or a similar program?		<b>Yes</b>	<b>No</b>	
Total financial assistance including scholarships, grants, etc. ( <i>public or private, excluding student loans</i> ) received:				
	<b>Source</b>	<b>Amount</b>	<b>Beginning Date</b>	<b>Ending Date</b>
Scholarships	_____	\$ _____	_____	_____
Grants	_____	\$ _____	_____	_____
Work Study	_____	\$ _____	_____	_____
Cost of Tuition	_____	\$ _____	_____	_____

I hereby certify that the statements above are true and complete to the best of my knowledge.

Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
Print your name: \_\_\_\_\_ Tel. #: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

**PENALTIES FOR MISUSING THIS CONTENT:** Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security act at 208 (a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 USC 408 (a), (6), (7) and (8).